

OPM CFC Control

ATTENTION PAYROLL OFFICES:
This number identifies the local CFC.
DO NOT enter Federal payroll systems.

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	<input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	FEDERAL ORGANIZATION	UNIT/DIVISION OR PAYROLL OFFICE
WORK ADDRESS & ZIP CODE				WORK PHONE	SOCIAL SECURITY NUMBER

CONTRIBUTION: Fill in the blank showing the amount of your payroll allotment, cash or check contribution. Write in the total of your annual contribution in the space provided.

CONTRIBUTION	AMOUNT	INTERVAL	TOTAL GIFT
MILITARY PAYROLL		X 12 months	\$
CIVILIAN PAYROLL		X 26 pay periods	\$
Other \$ _____ (cash/check payable to CFC)			

CFC Organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

FOUR DIGIT AGENCY CODE

ANNUAL AMOUNT

PLEASE CHECK ONE BOX

- ☐ I do want my name and address released to the voluntary organization(s) I have designated.
☐ MY HOME ADDRESS IS: (My name will not be released unless this box is filled out completely.)

STREET _____

CITY _____ STATE _____ ZIP CODE _____

- ☐ I do want my home e-mail address released to the voluntary organization(s) I have designated. My home e-mail address is: _____

- ☐ I do not want my name and address released to the voluntary organization(s) I have designated.

DESIGNATED GIFTS: To designate one or more charities or federated groups that appear on the list provided, fill in the charity or federation identification number(s) and dollar amounts here.

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2001 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2001 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

SIGNATURE _____ DATE _____

Executive Order No. 12353 authorizes the U.S. Office of Personnel Management to conduct fund raising activities and to establish procedures for collecting information related to such activities. Executive Order 9397 authorizes collection of your Social Security Number as identification of your payroll record. This collected information will be disclosed to organizations maintaining the accounting of contributions and to your payroll office. Additional disclosure may be made to the Department of Treasury to make proper financial adjustments to a court of another agency when the government is party to a suit; and to the Internal Revenue Service and state and local taxing authorities regarding income tax returns. The furnishing of the SSN, along with other data requested, is voluntary. However, failure to furnish any of the requested information may result in errors or noncompliance with your request for a payroll deduction by your agency. If you are making a one-time, lump-sum gift and, therefore, not using the payroll deduction method of payment, you are not required to furnish your SSN.

COPY #1 - PAYROLL OFFICE COPY

CFC FORM 2000